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ABSTRACT

A description is provided of "Principles of Family Planning," a course designed for graduate nursing students or practicing nurses seeking continuing education credit. The first sections of the course description provide a rationale for the course, information on its curricular placement, scheduling information, and statements of long-range and end-of-course goals. Next, the units of instructional materials are listed. The following sections provide descriptions of each of the eight units of the course: (1) Psychosocial Aspects of Family Planning; (2) the Menstrual Cycle; (3) Fertility Awareness; (4) Preparing a Sexual History; (5) The Gynecological Examination; (6) Intrauterine Devices and Oral Contraceptives; and (7) Family Planning in Clinical Practice. For each unit, an overview of the topic is provided, goals and specific objectives are delineated, and required and suggested readings are listed. Finally, information on course grading, course evaluation, and provisions for students not meeting course objectives is presented. (LAL)

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Nursing 572

Principles of Family Planning

School of Nursing

California State University, Los Angeles

Marsha Newton

March 14, 1984

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Rationale for Nursing 572

Major goals of the California State University System include the promotion of the highest possible understanding of our physical, social, and biological environment, improving the quality of life for all humanity, and rigorously preparing individuals in professions which will make a contribution to the improvement of society.

The curriculum offered in the school of nursing is in keeping with all of these goals. Courses are designed to give students the opportunity to enrich their lives with the latest knowledge in their chosen field, obtain the requirements for licensing and certification in their profession, and to make a significant contribution to the well being of others in their community.

Principles of Family Planning is a course offered through the school of Nursing. Students eligible for entry are:

1. Graduate students in Primary Ambulatory Care, specializing in adult, family, or women's health care.

2. Graduate students in Maternal/Child Health.

3. Certified nurse practitioners who are not graduate students or masters prepared, but want to take the course for continuing education credits.

At the conclusion of this course, students will be prepared to assist clients in selecting the most appropriate methods of family planning based on individual preferences, lifestyles, and health status. Students will also be prepared to assist the client in the usage of the selected technique through education or actual fitting of contraceptive devices.

Students completing Nursing 572 will receive 4 units of credit, or 30 continuing education units. The class meets 4 hours per week, with the primary mode of instruction being lecture. However, the class will meet in the laboratory of the nursing school for a total of 10 hours during the 10 weeks, in order to practice the clinical objectives. Students will also be directed to the media center to view 30 minute videotapes in units 5, 6, and 7. This will be completed on their own time. The last class meeting will be in the family planning clinic. The ideal number of students for the course would be 16-20. Since some of the students will be taking the course for continuing education, and it is a degree requirement only for the women's health specialty, the drop out rate may be as high as 20%.

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Principles of Family Planning

Long Range Goal

A. Students will provide high quality reproductive health education and services to the community.

1. Within one year of completing the course, 50% of students will be employed in primary ambulatory care courses which provide birth control counseling and prescription.

2. Within one year of completing the course, 80% of those students employed where reproductive health care is provided will indicate that they are currently recommending at least 6 different birth control methods. This information will be collected through a questionnaire mailed by the instructor.

3. Within two years of completing the course, at least 25% of the students will receive certification as Family Planning Practitioners as indicated by a list from the American Association of Nurse Practitioners.

4. Of the students who are providing reproductive health care within one year after completing the course, 50% will be using a structured method of obtaining informed consent. This will be represented by the charting of patient education.

End of Course Goals

A. At the conclusion of this course, students will be prepared to assist clients in selecting the most appropriate methods of family planning based on individual preferences, lifestyle, and health status.

1. Students will develop an awareness of their own biases affecting their counseling of patients through participation in informal classroom discussions on cultural, religious, and personal differences impacting upon birth control, for at least 10 minutes during each class session.

2. Students will be prepared to assist the client in the usage of all the major forms of contraception. This will include giving instructions in the proper use, fitting and inserting devices, and monitering for side effects.

3. Students will be prepared to act as primary and secondary case finders for reproductive health promotion through education to prevent disease in high risk individuals, and through the identification of existing health problems with history and physical examination.

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4. Students will demonstrate readiness for clinical practice by preparing three complete sexual histories and making recommendations for birth control methods before the 10th week of class. These will be prepared outside of class and will include demographic data, general health history, menstrual and obstetrical history for women, information regarding current and past sexual activities, and contraceptive history. The histories must be deemed complete, and the recommendations for birth control safe and effective by the instructor.

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Units of Instruction

Unit 1 - Psychosocial Aspects of Family Planning- 4 hours.

Unit 2 - The Menstrual Cycle - 4 hours

Unit 3 - Fertility Awareness - 4 hours

Unit 4 - Preparing a Sexual History- 4 hours

Unit 5 - The Gynecological Examination - 8 hours

Unit 6 - Barrier Methods of Contraception - 4 hours

Unit 7 - Intrauterine Devices and Oral Contraceptives - 4 hours

Unit 8 - Family Planning in Clinical Practice - 4 hours

Materials of Instruction

1. Required textbook: Gillmor-Kahn, Mickey, et al. Nurses in Family Planning. New York: Irvington Publishers, Inc., 1982.

2. Menstrual logs provided by Medical Times.

3. Videotaped instruction on pelvic examination, IUD insertion, diaphragm fitting.

4. Miscellaneous printed graphs and diagrams on female anatomy and physiology.

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Unit I

Psychosocial Aspects of Family Planning

The sensitivity of the nurse in her relationship with her client is one of the most important tools in the delivery of good health care. Establishing rapport with the client during the initial interview helps develop a trusting relationship in which the client will feel safer in sharing the intimate information needed to prepare a thorough sexual history, elicit abnormal symptoms, and guide the selection of an appropriate family method. Nurses who are judgemental or have negative feelings about sexuality, contraception, or sexually transmitted iliness, may unwittingly display these attitudes and feelings to the client, adversely effecting the quality of care. If nurses recognize their own feelings and prejudices, they will be less likely to impose them on their clients.

1. Goal: The student will respect the right of each individual to select and use family planning methods consistent with his own values and beliefs.

Objectives:

1. Verbally, in class, before the end of the first class period, the student will participate in a discussion of the factors which may influence a client to use a particular form of birth control.

* 2. In class, before the end of the first class period, the student will participate in a class survey by answering the following questions anonymously, either mentally or in writing:
   a. What contraceptive methods have you and your partner used?
   b. How do the contraceptive methods that you have used work?
   c. If you have ever used a different method, why did you change?
   d. Have you ever had an unplanned pregnancy?
   e. If the answer to d is yes, why do you think this happened?

   The data collected from the students who choose to answer in writing will be collected by the instructor, the findings will be reported as a group, and will remain confidential.

3. In class, before the end of the second class period, the student will participate in a discussion of the data collected from the class survery.

*Objective 2 will be deleted if there are less than 15 students in the class.

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4. Outside of class, by the end of the first week, the student will write a paper of 300-700 words exploring the familial, cultural, religious, and educational influences that have shaped his attitudes toward sexuality and contraception. The papers will be presented and discussed in the next class period.

Required Reading

Gillmor-Kahn, Mickey, et al. Nurses in Family Planning. New York: Irvington Publishers, Inc., 1982. (Chapter 1).

Suggested Reading

Sonstegard, Lois, et al. Womens Health, Vol 1. New York: Grune & Stratton, Inc., 1982. (Chapter 2).

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Unit II

The Menstrual Cycle

A thorough understanding of the menstrual cycle is basic to all aspects of women's health care, but is especially important in the promotion and prevention of conception. Shifting hormones constantly affect body chemistry and physiology, and the natural rise and fall of these hormones are fundamental to the selection and correct usage of a family planning method. The health professional providing family planning assistance must be prepared to educate clients in normal anatomy and physiology, in order to dispel the age old myths and misinformation that have made menstruation the target of psychosomatic problems. Assisting a woman to understand her body, and view its functions positively is a major contribution to women, and to society as a whole.

1. Goal: The student will understand the anatomy and physiology of the female reproductive system.

   Objectives:

   1. In class, during lecture, the student will label a diagram of the female reproductive system before the end of the second week. 100%
   2. By the end of the third week, under usual testing conditions, students will label a diagram of the female reproductive system. 100%
   3. By the end of the third week, under usual testing conditions, students will match the reproductive releasing factors and the reproductive hormones to their organ of origin. 80%
   4. By the end of the third week, under usual testing conditions, students will write a 10-100 word explanation of the function of each reproductive hormone and releasing factor. Explanations will include function of hormone, sites of action, and time of production in the menstrual cycle. 100 %

2. Goal: The student will be familiar with pathology related to the menstrual cycle, and its prevention and treatment.

   Objectives:

   1. In class, by the end of the second week, the student will discuss some of the common myths surrounding menstruation.

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2. In class, by the end of the third week, under usual testing conditions, the student will answer 10 multiple choice questions on the etiology, symptoms, and treatment of dysmenorrhea. 80%

3. In class, by the end of the third week, under the usual testing conditions, the student will answer 5 multiple choice qustions on the etiology, symptoms, and prevention of Toxic Shock Syndrome. 80%

3. Goal: The student will be familiar with the psychological and cultural aspects of menstruation.

Objectives:

1. In class, by the end of the second week, the student will participate in a discussion about where she or he learned about menstruation, whether the information was presented in a positive or negative manner, and whether it was correct or incorrect.

2. Outside of class, by the end of the third week, the student will prepare a 150-500 word oral report on the cultural significance of menstruation in a culture different from his or her own. This will include any cultural activities, restrictions, taboos or beliefs.

Sample test question for multiple choice tests in this unit:

1. The bacteria responsible for toxic shock syndrome is:

   a. Pseudomonas aeruginosa
   b. Staphylococcus aureus
   c. Escherichia coli
   d. Serratia marcescens

Required Reading

Gillmor-Kahn, Mickey, et al. Nurses in Family Planning. New York: Irvington Publishers, Inc., 1982. (Chapter 8)

Suggested Reading

Martin, Leonide. Health Care of Women. Philadelphia: J.B. Lippencott, 1978. (Chapter 4).

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Unit 3

Fertility Awareness

A fertile woman's body reveals a number of both subtle and overt signals which can be used to avoid or to achieve conception. Although the natural family planning methods were traditionally used mostly by couples whose religious beliefs prohibited the use of artificial methods, they are becoming increasingly popular today for a variety of reasons. Many women are worried about the hazards of contraceptives and the fertility awareness method is free from chemicals, devices, or side effects. Some clients choose to use the method to allow a break from their usual contraceptive when they are least likely to conceive. Others who are trying to become pregnant may use fertility awareness to pinpoint their most fertile period. Regardless of how the client chooses to use her fertility awareness, teaching these signs is one of the most valuable types of health education we have to offer a woman of reproductive age.

1. Goal: The student will be able to use fertility signs to identify the fertile period of any menstrual cycle.

Objectives:

1. Outside of class, beginning in the third week and continuing through the ninth, the student will keep a daily menstrual log. The log will include dates of menses, notations on daily observations of cervical mucus, breast tenderness, spotting, breast fullness, or an increase in sexual interest, as well as daily basal body temperature.

2. In class, by the end of the fourth week, under the usual testing conditions, the student will answer 20 multiple choice questions regarding the calandar, basal body temperature, and cervical mucus methods.
80%

3. In class, by the end of the fourth week, under the usual testing conditions, the student will list the characteristics of the cervical mucus, including amount, viscosity, color, Spinnbarkeit, and ferning according to the time of the menstrual cycle.
90%

4. In class, by the end of the third week, students will evaluate a menstrual history provided by the instructor and indicate the fertile period.
100%

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Sample test item for Objective 2 in Unit 3:

1. Write in the information that describes the cervical mucus at time of cycle indicated:

Time	Amount	Viscosity	Color	Spinbarkeit	Ferning
post menstruation	_____	_____	_____	_____	_____

Required Reading

Gillmor-Kahn, Mickey, et al. Nurses in Family Planning. New York: Irvington Publishers, Inc., 1982. (Chapter 11)

Suggested Reading

Wilson, Mercedes. The Ovulation Method of Birth Regulation. New York: Van Norstrand Reinhold Company, 1980.

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Unit 4

Preparing a Sexual History

A good sexual history is is essential in the assessment of gynecological health, planning interventions for treatment and education, and assisting the client in selecting a family planning method that will be used. The sexual history interview often puts the nurse practitioner or clinician in the best postion to provide individual counseling. Asking clients about their sexual relationships often opens the way for clarifying information and therapeutic discussion. Clients often feel more comfortable talking to a female nurse practitioner or clinician, and will ask questions that they have never before felt comfortable discussing. A careful, detailed history using a direct, accepting approach, and terms that the client can understand will enable the nurse to provide the best possible care.

1. Goal: The student will understand the principles of taking a sexual history, and will adapt the focus of the history to the needs of the individual patient.

Objectives:

1. Verbally, in class, before the end of the fifth week, you will participate in a discussion on how to arrange the most appropriate setting for a sexual history.

2. In class, you will participate in a role playing situation in which you will act as the practitioner taking a sexual history and then as a client giving a history.

3. Outside of class, by the end of the fifth week, you will write a 300-500 word paper exploring some of the sexual problems which might be encountered by a gay person, a handicapped person, an elderly person, or someone who has been a victim of rape or incest.

4. Outside of class, by the end of the fourth week, you will prepare a complete sexual history and make a recommendation for appropriate treatment if necessary, education, and birth control method deemed safe and appropriate by the instructor. The history will include general health history, demographic data, menstrual and obstetrical history for women, information regarding current and past sexual activities, and contraceptive history.

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Required Reading

Gillmor-Kahn, Mickey, et al. Nurses in Family Planning. New York: Irvington Publishers, Inc., 1982. (Chapter9)

Suggested Readings

Bates, Barbara. A Guide to Physical Examination. Philadelphia: Lippincott, 1979. (Chapter 1 and 2).

Malasanos, Lois, et al. Health Assessment. St Louis: The C.V. Mosby Company, 1981. (Chapters 2 and 3).

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Unit 5

The Gynecological Examination

The pelvic and breast examination are two of the most significant health screening procedures for women. Regular gynecological examination could have tremendous impact upon primary and secondary prevention of some of the most serious female health problems such as breast, cervical, and uterine cancer, pelvic inflammatory disease and infertility. Unfortunately, many women consider this to be the most embarrassing and uncomfortable part of a physical examination, and may even neglect seeking treatment for symptoms in order to avoid the examination. A skillful and concerned practitioner can do much to allay a client's fears and promote her comfort during the examination, thereby increasing the likelihood that she will seek gynecological health care in the future.

1. Goal: The student will perform a thorough pelvic examination while maintaining the dignity and comfort of the client.

Objectives:

1. In class, before the end of the fifth week, the student will participate in a discussion regarding the ways in which a woman can be made to feel more comfortable during a pelvic examination.

2. In the media center, the student will view a video tape on pelvic examination before coming to class in the fifth week.

3. In the laboratory, the student will view a demonstration of the pelvic examination by the instructor before the end of the fifth week.

4. In the laboratory, the student will practice performing the pelvic examination until she feels confident that she is ready to be observed by the instructor.

5. In the laboratory, the student will perform a pelvic examination using proper positioning, draping, and examination of the clitoris, labia, urethra, vagina, cervix, bimanual and rectal examination. The examination will be repeated until deemed adequate by the instructor. 100%

2. Goal: The student will analyze the physical findings and order or carry out appropriate testing procedures.

Objectives:

1. In class, by the end of the fifth week, under the usual testing situation, the student will match the symptoms of sexually transmitted diseases to their most likely diagnosis. This will include gonorrhea, syphilis, herpes, Moniliasis, pelvic inflammatory disease, venereal warts, cystitis, pubic lice, trichomoniasis, bacterial vaginitis. 80%

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2. In class, by the end of the fifth week, under the usual testing conditions, the student will answer 20 multiple choice questions about appropriate tests for the diagnosis of sexually transmitted disease.

75%

3. In class, by the end of the fifth week, under the usual testing conditions, the student will answer 10 multiple choice questions about signs and symptoms of cervical cancer, uterine cancer, and ovarian cancer.

90%

3. Goal: Students will be prepared to perform a thorough breast examination and accept the responsibility for teaching self breast examination to clients.

Objectives:

1. Outside of class, by the end of the sixth week, students will prepare a short information sheet on the present breast cancer statistics, including: number of women who will develop breast cancer in the general population risk factors for development of breast cancer, current cure rates, traditional and contemporary treatments.

2. In class, students will participate in a discussion during the sixth week regarding the length of time necessary to teach self breast examination, and the best ways of incorporating this patient education into their particular practice.

3. Students will select a partner and make an appointment with the instructor to demonstrate examining the breasts and teaching self breast examination to clients before the end of the sixth week of class. This will be evaluated be the instructor and repeated until it is satisfactory.

100%

4. In class, by the end of the seventh week, students will match findings in breast examination to the probable diagnosis, under the usual testing conditions.

80%

Sample test item for objective 2 of Goal 2:

1. Vaginal Candida albicans would be diagnosed most reliably by:
   a. pap smear
   b. 10% KOH solution wet mount
   c. blood test
   d. culture in Sabouraud's or Nickerson's media

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Required readings for Unit 5

Bates, Barbara. A Guide to Physical Examination. Philadelphia: Lippincott, 1979. (Chapters 11 and 14.)

Gillmor-Kahn, Mickey, et al. Nurses in Family Planning. New York: Irvington Publishers, Inc., 1982. (Chapter 10).

Suggested Readings

Martin, Leonide L. Health Care of Women. Philadelphia: J.B. Lippencott, 1978. (Chapters 9 and 13).

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Unit 6

Barrier Methods of Contraception

After consideration for individual health problems, the most important criteria for selecting a contraceptive method is finding one that will be used. This consideration is more important than theoretical or use effectiveness. The client should be appraised of all the currently available methods that are safe for her,so that she can make an informed decision which will lead to more effective and satisfying contraceptive use. The barrier methods, although generally less effective than the oral contraceptives and the IUD, are enjoying increased popularity as more information becomes available on the hazards of hormonal and intrauterine contraceptives.

1. Goal: The student will understand the implications of informed consent and accept the responsiblity for providing clients with the the information necessary to choose the contraceptive most suited to their needs.

Objectives:

1. In class, by the end of the seventh week, students will participate in a discussion of the malpractice potential impacting on informed consent.

2. In class, by the end of the eighth week, students will write the seven components of informed consent, under the usual testing conditions.
100%

3. In class, by the end of the eighth week, students will read case histories and evaluate the adequacy of the information given to the client by the health professional, determining if it is adequate and if not, what component is missing? This will be under the usual testing conditions.
80%

2. Goal: The student will be able to select an appropriate barrier method of contraception for clients and given them counseling on the method that meets the guidelines for informed consent.

Objectives:

1. Given a list of four barrier methods in class, the student will, under the usual testing conditions, list the theoretical vs use effectiveness rate for each, the advantages and disadvantages, and the contraindications for each, by the end of the eighth week. 80%

2. In the laboratory, before the end of the seventh week, the student will view a videotape on fitting a patient for a diaphragm

3. In the laboratory, before the end of the eighth week, the student will fit a diaphragm. This will be evaluated by the instructor and repeated until satisfactory.
100%

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Required Readings for Unit 6

Gillmor-Kahn, Mickey, et al. Nurses in Family Planning. New York: Irvington Publishers, Inc., 1982. (Chapter 11)

Suggested Readings

natcher, Robert. Contraceptive Technology, 1982-83. New York: Irvington Publishers, Inc., 1983. (Chapters 7,8,9,21).

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Unit 7

Intrauterine Devices and Oral Contraceptives

Except for sterilization, intrauterine devices and oral contraceptives are the most effective forms of contraception. For some women they may be the best of the available contraceptive choices, but increasing evidence of serious risks to health by both the IUD and the contraceptive pill, should alert the nurse practitioner to prescribe these methods only after careful review of the client's history and physical condition.

1. Goal: Students will be able to select and moniter the safe use of oral contraceptives.

Objectives:

1. Students will participate in a class discussion by the end of the ninth week regarding theoretical versus use effectiveness for the oral contraceptive.

2. Students will indicate on a weekly quiz during the ninth week of class the theoretical and the use effectiveness of the oral contraceptives. 100%

3. On multiple choice questions, during a quiz in class in the ninth week, students will indicate common causes of failure of oral contraceptives. 80%

4. On an essay question, during a quiz in class in the ninth week, students will write all absolute contraindications to oral contraceptives. 100%

5. On multiple choice questions, during a quiz given in class during the ninth week, students will select the common side effects of the birth control pill 80%

6. Outside of class, students will review patient data provided by the instructor and select an appropriate oral contraceptive based on the information provided, before the end of the ninth week. 100%

7. During the eighth week, each student will be assigned a problem encountered during the use of oral contraceptives. The student will research the problem and present the resolution in a 10 minute report to the class.

2. Goal: Students will be able to predict which patients can use an IUD safely, insert it properly, and moniter the patient for side effects.

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Objectives:

1. By the end of the ninth week, under usual testing conditions, students will select absolute contraindications to the IUD from multiple choice answers. 100%

2. In the media center, before the ninth week of class, the student will view a videotape on insertion of IUD's.

3. In the laboratory, by the end of the ninth week of class, the student will demonstrate the insertion of the IUD to the instructor. This will be accomplished by using a model, and will be repeated until deemed safe by the instructor. 100%

4. In the family planning clinic, by the end of the tenth week, the student will insert an IUD into a client, while being observed by the attending nurse practitioner and the instructor. If necessary, the student will repeat the cycle of videotape, model, and then patient until the procedure is deemed satisfactory by the attending nurse practitioner and the instructor. 100%

Sample test item from Goal 2, Objective 1.

Absolute contraindications to the IUD include:
a. Subacute pelvic infection
b. cervical stenosis
c. multiple sexual partners
d. Severe dysmenorrhea

Reading Assignments for Unit 7

Gillmor-Kahn, Mickey, et al. Nurses in Family Planning. New York: Irvington Publisher, Inc., 1982. (Chapter 11)

Suggested Readings

Hatcher, Robert, et al. Contraceptive Technology 1982-83. New York: Irvington Publishers, Inc, 1983. (Chapters 6,7,8)

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Unit 8

Family Planning in Clinical Practice

Nurses working in family planning clinics must be prepared to provide counseling, client advocacy, and clinical care. The best way to assess the clients needs in each of these areas is to prepare an indepth history and do a physical examination.

1. Goal: The student will plan, implement, and evaluate the care of two clients in the family planning clinic.

Objective:

1. In your assigned clinical area, by the end of the ninth week of class, you will prepare a complete sexual history, complete a physical examination, assess the client's need for services, and then provide those services. Each step will be reviewed by the instructor and will be carried out after it has been evaluated as safe and appropriate by the instructor. You will then repeat the entire process on a second client.

2. In your assigned clinical area, during a postconference with all students present, each student will present his two cases for group evaluation and suggestions.

3. Outside of class, by the end of the tenth week, you will prepare write-ups on your clinical clients. These will include the complete sexual history, the findings of the physical examination, a problem list, subjective and objective findings, assessment or diagnosis, and the treatment that you initiated.

Suggested Readings

Gillmor-Kahn, Mickey, et al. Nurses in Family Planning. New York: Irvington Publishers, Inc., 1982. (Chapters 4-11)

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Evaluation Methods

Grading Scheme for Students

1. The course contains a total of 52 objectives. Three of these objectives are major papers which involve the synthesis and evaluation of data learned with lower level objectives. The three major papers will receive a letter grade based upon the satisfactory completion of all sections of the paper. Sections which are unsatisfactory can be rewritten if the student desires to raise her grade. The three major papers will be weighted equally in reaching the final grade. The remaining 49 objectives must be performed according the criterion level specified (percentages under objectives are the specified criterion levels). The student will receive a letter grade for the percentage of objectives in which the criterion level was met. For example, if 90% of the objectives are met, she will receive an A. Because students are dealing with the safety of humans, students are encouraged to meet all of the objectives. They may repeat them as many times as necessary until the specified criterion level is met. For some objectives, such as the physical examinations, students will be required to meet the criterion level in order to continue the course. The final grade in the course will be comprised of the grade for the three major papers, and the total grade for the remaining objectives. All 4 will be equally weighted in arriving at the final grade.

Evaluation of Course

Course evaluation will be based on the long range objectives being met, student evaluation of the course and the instructor, and faculty evaluation by a senior faculty member.

1. Students will be mailed a form which they will be asked to complete regarding employment in primary care facilities, providing birth control counseling and prescriptions, the number of birth control methods used, and how they provide patient education and gain informed consent for specific methods of birth control. The stress on this information in the course will then be increased if objective unmet.
2. A list of Family Planning Practitioners who are certified in California will be obtained from the Board of Registered Nursing or the American Association of Nurse Practitioners. The names of students will be compared to the list to determine how many students have been certified and in what length of time. If too few students are becoming certified, the instructor could provide certification information and forms in class.
3. Students will be asked to provide information on the number of referrals they have made for breast cancer, Gyn cancer, or infectious diseases. This will determine whether they are meeting the objective for casefinding. If not, more emphasis may be needed on physical examination and diagnosis.
4. Students will be given evaluation forms both for the instructor and for the course material. They will be asked to indicate whether the course was valuable, and what they found most and least useful. This can be used for revision.

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5. The number of students dropping out of the course will be an indicator of whether or not the course may need revision.

6. Students will be asked to complete a pretest and a post test at the beginning and end of the course. This will be compared to determine the level of comprehension and retention. The course will be revised to spend more time in any area where there is a concentration of weakness, or a different type of instruction may be used.

7. If students consistently fail to meet objectives, both the objectives, and the method of instruction must be evaluated to determine the reason. The objectives may be unrealistic or the instruction may not be geared to their achievement. Students often can provide insight into why they are unable to meet objectives, and the course revision may stem from this.

8. The number of students registering for the course will be a good indicator of the comments former students are making. This is especially true for students who are not required to take it. If too few students register, the instructor would need to discuss the problem with the faculty to see if they think the course is valuable, suggestions for improvement, etc. The timing could also be a factor if the registration is low and might need changing to a more convenient hour.

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Students Not Meeting Objectives

1. Because the students in this course are mostly graduate students, and are at least Certified Nurse Practitioners with an Associate degree, it is estimated that 99-100% will meet the objectives. This is especially true since the student may repeat the performance until the criterion level is met. If a student has a continuous pattern of failing to meet the objectives, then the reason why should be determined through a consultation between instructor and student. If the student is simply unable to meet the objectives because of poor educational background or a learning difficulty, she would be asked to withdraw from the course. If there is some other problem that is short term, the student could continue and meet as many objectives as possible, and then take an incomplete in the course until the others could be met, or she could drop the course. If more than two or three students do not meet the objectives, then the course or the instruction must be evaluated.

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